

Brian Sandoval, Governor



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STATE OF NEVADA BOARD OF ORIENTAL MEDICINE
APPLICATION FOR CREDIT APPROVAL OF CONTINUING EDUCATION
Pursuant to NAC 634A.137

Name of Applicant or Entity: _____

Address: _____

Phone Number: (____) ____-____ Email: _____

I. Location & Address of the continuing education program: _____

II. Please fill out below

Name of Instructor(s)	Degree of Instructor(s)	Date	Time From	To	CE Hours	Subject or Topic

III. One application per course must be submitted for review and approval.

IV. Supporting documentation must include: all material relating to the course, including, without limitation, written material to be provided to a licensee attending the course; and

V. The fee required pursuant to NAC 634A.165 of \$100 (per course).

VI. The Board recommends including also a syllabus for the course in addition to a curriculum vitae for the instructor(s).

VII. If the Board approves a course of continuing education pursuant to NAC 634A.137, the Board will determine the number of hours of continuing education that a license may receive for attending the course.

I swear that the above statement is nothing but true.

Signature of Applicant or Representative of Entity: _____

Date: _____ Name: _____